

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	<i>AB</i>		9/30/99
O.I.P.E. CLASSIFIER		<i>10</i>	<i>106</i>
FORMALITY REVIEW	<i>B 11</i>	<i>Boones</i>	<i>10-7-99</i>

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	3/5/94
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Claim	Date
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If more than 150 claims or 10 actions  
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